

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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C. S. JRO

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-10153	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John P Ryan P.O. Box, Bldg. Room No., if any P O Box 607 Street 608 E Baltimore Pike City Media State Pennsylvania ZIP Code + 4 19063-0607	4. Name, file number, and address of labor organization. Name Glass, Molders, Pottery, Plastics & Allied Workers Labor Organization File Number 000-201 P.O. Box, Building and Room Number, if any P O Box 607 Street 608 E Baltimore Pike City Media State Pennsylvania ZIP Code + 4 19063-0607
5. Position in labor organization. International President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John P Ryan

On

8/13/05

Date

Telephone Number

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Stoner & Associates</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 205 West Fourth Street</p> <p>City Cincinnati</p> <p>State Ohio ZIP Code + 4 45202</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name GMP & Employers Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 205 West Fourth Street</p> <p>City Cincinnati</p> <p>State Ohio ZIP Code + 4 45202</p>	<p>11.a. Nature of such dealing.</p> <p>Administers pension fund</p>
	<p>11.b. Approximate dollar value of such dealing. \$458,000</p>
	<p>12.a. Nature of interest had or income received.</p> <p>While fulfilling duties as a trustee of the fund, meals were provided in conjunction with trustee meetings in June</p> <p>12.b. Amount. \$50</p>

Name of Person Filing John Ryan

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name NFJ Investment Group Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2121 San Jacinto, Suite 1840 City Dallas State Texas ZIP Code + 4 75201	9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name Name GMP & Employers Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 205 West Fourth Street City Cincinnati State Ohio ZIP Code + 4 45202	11.a. Nature of such dealing. Investment Manager for specific investments for the fund
	11.b. Approximate dollar value of such dealing. \$298,000
	12.a. Nature of interest held or income received. While fulfilling duties as a trustee of the fund, dinner was provided by NFJ in conjunction with trustee meetings in February 12.b. Amount. \$50

Name of Person Filing John Ryan	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Smith Barney</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 312 Walnut</p> <p>City Cincinnati</p> <p>State Ohio ZIP Code + 4 45202</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name MIRA-GMP Pension & Insurance Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 17 Lakeside Office Park</p> <p>City Wakefield</p> <p>State Massachusetts ZIP Code + 4 01880</p>	<p>11.a. Nature of such dealing.</p> <p>Investment monitor/adviser for the fund</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$70,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>While fulfilling duties as a trustee of the fund, dinner was provided by Smith Barney in conjunction with trustee meetings in November</p> <hr/> <p>12.b. Amount. \$50</p>

Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Merrill Lynch</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 7197</p> <p>Street 8300 Old York Road</p> <p>City Elkins Park</p> <p>State Pennsylvania ZIP Code + 4 19027</p>	<p>9. Business deals with</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Manages investment of certain funds for the GMP Officers & Staff pension fund</p>
	<p>11.b. Approximate dollar value of such dealing. \$128,000</p>
	<p>12.a. Nature of interest had or income received.</p> <p>While fulfilling duties as a Trustee of the International Union, tour of NYSE & dinner were provided in conjunction with financial planning & consultation in June</p>
<p>12.b. Amount. \$200</p>	